2008 NOT-FOR-PROFIT CORPORATION

SIGNATURE:

FILED ANNUAL REPORT Mar 13, 2008 08:00 AN **DOCUMENT #742717 Secretary of State** CARROLLWOOD MEADOWS HOMEOWNERS ASSOCIATION, INC. Principal Place of Business Mailing Address PO BOX 341363 PÓ BOX 341363 TAMPA, FL 33694-1363 US TAMPA, FL 33694-1363 US 2. Principal Place of Business - No P.O. Box # 3. Meiling Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03052008 Chg-NP CR2E037 (12/06) City & State City & State Applied For 59-1822220 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name LANZILLO, MARK S 13910 BRIDGEPORT DR Street Address (P.O. Box Number is Not Acceptable) TAMPA, FL 33625 Zip Code City 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent-3-11-08 SIGNATURE (NOTE: Registered Agent eignature required when relnatating) 9. Election Campaign Financing Make check payable to Filing Fee is \$61.25 \$5.00 May Be Florida Department of State Due by May 1, 2008 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. Change Delete IIILE Addition TITLE MITCHELL, BARBARA NAME NAME 000000858031 04/01/08-80028-016 61.25 STREET ADDRESS 14506 FARM HILLS STREET ADDRESS CITY-ST-ZIP **TAMPA, FL 33625** CITY-ST-ZIP D Addition TITLE Delete TITLE **DENNIS, MITCHELL** NAME NAME 14506 FARM HILLS STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **TAMPA, FL 33625** D ☐ Delete MLE Change ☐ Addition TITLE LANZILLO, DEBORAH NAME NAME STREET ADDRESS 13910 BRIDEPORT DR STREET ADDRESS CITY-ST-ZIP TAMPA, FL 33625 CITY-ST-ZIP Change ☐ Addition MILE Delete TITLE LANZILLO, MARK NAME NAME STREET ADDRESS STREET ADDRESS 13910 BRIDGEPORT DR CITY-ST-ZIP **TAMPA, FL 33625** CITY-ST-ZIP 🗌 Сһалде MLE D Delete TITLE ☐ Addition ZARBO, TIM NAME NAME STREET ADDRESS 14313 CHAPARELL STREET ADDRESS **TAMPA, FL 33625** CITY-ST-ZIP CITY-ST-ZIP Addition Change TITLE D Delete IIILE ZARBO, KIM NAME NAME 14313 CHAPARELL STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TAMPA, FL 33625 CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under eath; that I am an officer or director of the corporation or the receiver or trustate empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if